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CONFIRMATION NO. 4052

<b>SERIAL NUMBER</b> 10/750,484	<b>FILING OR 371(c) DATE</b> 12/30/2003 <b>RULE</b>	<b>CLASS</b> 086	<b>GROUP ART UNIT</b> 3641	<b>ATTORNEY DOCKET NO.</b> EBC-0124-D2
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/039,137 12/31/2001 PAT 6,668,725 which is a DIV of 08/866,205 05/30/1997 PAT 6,334,395  
which is a CIP of 08/743,460 10/18/1996 PAT 6,120,627  
and is a CIP of 08/687,092 06/04/1996 ABN  
and said 08/743,460 10/18/1996  
is a CIP of 08/687,092 06/04/1996 ABN  
and is a CIP of 08/658,104 06/04/1996 ABN  
which is a CIP of 08/560,074 11/17/1995 ABN  
and said 08/687,092 06/04/1996  
is a CIP of 08/560,102 11/17/1995 ABN

*yes*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 09/07/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**

23413

**TITLE**

Explosive device with accelerated bioreduction capacity

<b>FILING FEE RECEIVED</b> 1112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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